



12-05-01

A

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	COMP:0246 P01-3670	Total Pages	240
	First Named Inventor or Application Identifier			
	Elizabeth A. Richard			
	Express Mail Label No.	EL 827 072 351 US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification Total Pages 48 (preferred arrangement set forth below) -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 7 Total Pages 21		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____		12. <input type="checkbox"/> Preliminary Amendment	
18. CORRESPONDENCE ADDRESS		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired	
NAME Michael G. Fletcher Fletcher, Yoder & Van Someren		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
ADDRESS P.O. Box 692289		16. <input checked="" type="checkbox"/> Other PTO-2038 (Credit card Payment Form)	
CITY Houston	STATE Texas	ZIP CODE	77269-2289
COUNTRY USA	TELEPHONE (281) 970-4545	Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Elizabeth A. Richard
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	COMP:0246/FLE (P01-3670)

TOTAL AMOUNT OF PAYMENT (\$) 1,500.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **06-1315/COMP:0246/FLE**
Deposit Account Name Fletcher, Yoder & Van Someren

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☒ Other
PTO-2038 (Credit Card Payment Form)
FEE CALCULATION (fees effective 10/01/96)

1. FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	740.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$) 740.00

2. CLAIMS

		Extra	Fee from below	Fee Paid
Total Claims	<u>46</u> - 20 =	<u>26</u>	X <u>18</u>	= <u>468.00</u>
Independent Claims	<u>6</u> - 3 =	<u>3</u>	X <u>84</u>	= <u>252.00</u>
Multiple Dependent Claims		_____	X _____	= _____
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) 720.00

FEE CALCULATION (continued)

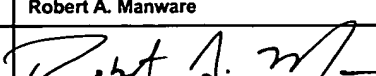
3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	400	216	200	Extension for response within second month	
117	950	217	475	Extension for response within third month	
118	1,570	218	755	Extension for response within fourth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,320	241	660	Petition to revive unintentionally abandoned application	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)					
SUBTOTAL (3)					(\$) 40.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Robert A. Manware	Reg. Number	48,758
Signature		Date	11/15/01
		Deposit Acct. User ID	06-1315 - COMP:0246/FLE (P01-3670)